

Companion Document For
ANSI ASC X12N 837I 4010A1 (Health Care Claim - Institutional) Submission To
Alabama Medicaid

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837I - Institutional implementation guides have been established as the standards of compliance for Institutional Health Care Claim transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837I - Institutional implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 837I - Institutional implementation guide.

Note: *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. A copy of the most current version of this companion document can be obtained from the internet at <http://www.medicaid.state.al.us/HIPAA/index.htm>.*

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ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-----	Alabama Medicaid will convert all lower case characters submitted on an inbound 837I file to upper case when sending data to the AMMIS.
2.	-----	-----	You must submit incoming 837I data using the basic character set as defined in Appendix A of the 837I - Institutional Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set.
3.	-----	-----	The incoming 837I transactions utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon), (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. The usage of these characters within <u>text data elements</u> in the incoming 837I transaction may cause problems with creation of subsequent transactions.
4.	-----	-----	Only loops, segments, and data elements valid for the HIPAA 837I - Institutional Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause files to be rejected.
5.	-----	-----	All dates that are submitted on an incoming 837I transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).
6.	-----	-----	Alabama Medicaid will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).
7.	-----	-----	Alabama Medicaid will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
8.	-----	-----	We suggest retrieval of the ANSI 997 functional acknowledgment files on the first business day after the 837I file is submitted, but no later than five days after the file submission. A 997 (Functional Acknowledgment) will be returned to the sender once a transaction set is received and processed.

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9.	-----	-----	File compression is supported for transmissions between the submitter and Alabama Medicaid. Any compression software that is compatible with PKZIP by PKWARE, Inc. is supported.
10.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Sender ID (ISA05).
11.	-----	Interchange Control Header	<ul style="list-style-type: none"> • Use the Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Receiver ID in ISA06. • For web submissions, the submitter id in the file must match with the user id that submits the file, otherwise the file will not be processed. There should be only one ISA/IEA envelope per batch file submission. • For multiple transactions (ISA/IEA envelopes), a 997 will be returned for each ISA/IEA envelope within the batch. If only one 997 is desired, then the files in the batch should contain one set of ISA/IEA, GS/GE and ST/SE envelope segments per file.
12.		Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Receiver ID (ISA07).
13.	-----	Interchange Control Header	Use '752548221' followed by 6 spaces (to meet the minimum/maximum data element requirement of 15 bytes) as the Interchange Receiver ID in ISA08.
14.	-----	Functional Group Header	Use the Provider Submitter's ID assigned by Alabama Medicaid as the Application Sender's Code in GS02.
15.	-----	Functional Group Header	Use '752548221' as the Application Receiver's Code in GS03.
16.	-----	Functional Group Header	GS08 should be populated with '004010X096A1' and all changes per the addenda be incorporated in the 837I transaction.
17.	2000A	Billing / Pay-To Provider Specialty Information	PRV02 should equal 'ZZ' and PRV03 should equal the Billing/Pay-to Provider's Taxonomy Code.
18.	2010AA	Billing Provider Name	<ul style="list-style-type: none"> • The National Provider Id must be submitted. • NM108 is equal to the value of 'XX' and NM109 is equal to the Billing Provider's National Provider Id.

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19.	2010AA	Billing Provider Secondary Identification	<ul style="list-style-type: none"> If REF01 equals '1C' Medicare Provider Number, then REF02 should equal the Medicare Provider Id. If NM108 is equal to 'XX', then REF01 should equal 'EI' or 'SY' followed by the EIN or SSN. EIN length must be 9 without a hyphen or 10 with a hyphen. EIN format: XXXXXXXXXX OR XX-XXXXXXX
20.	2010AA	Billing Provider City/State/Zip Code	The entire 9 digit postal zip code should be submitted, excluding punctuation marks such as the dash.
21.	2010BA	Subscriber Name	The Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Recipient ID will be entered into the Identification Code element (NM109).
22.	2010BA	Subscriber Secondary Identification	If used, the Reference Identification Qualifier element (REF01) will be equal to 'SY' (Social Security Number) and the SSN should be entered into the Reference Identification element (REF02).
23.	2300	Institutional Claim Code	It is suggested that Patient Status Code (CL103) be used for inpatient claims/encounters. Reference code source: 239.
24.	2300	Service Authorization Exception Code	To indicate an emergency related claim the following information should be populated: REF01 = 4N, REF02 = 3.
25.	2300	Original Reference Number (ICN/DCN)	If an adjustment needs to be made to a previously paid claim, REF01 will equal 'F8' and REF02 will equal the original Internal Control Number (ICN) that was assigned to the paid claim.
26.	2310A	Attending Physician Name	<ul style="list-style-type: none"> The Attending Physician must be populated on each claim. The National Provider ID must be submitted. NM108 should equal 'XX' and NM109 should equal the Attending Provider's National Provider Id.
27.	2310A	Attending Physician Specialty Information	PRV02 should equal 'ZZ' and PRV03 should equal the Attending Provider's Taxonomy Code.
28.	2310A	Attending Physician Secondary Identification	If used, REF01 should equal '0B' State License Number and REF02 equal the Attending Provider's License Number.

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29.	2310B	Operating Physician Name	<ul style="list-style-type: none"> The National Provider Id must be submitted. NM108 is equal to the value of 'XX' and NM109 is equal to the Operating Provider's National Provider Id.
30.	2310B	Operating Physician Secondary Identification	If Used, REF01 should equal '0B' State License Number and REF02 equal the Operating Provider's License Number.
31.	2310C	Other Provider Name	<ul style="list-style-type: none"> If a Referring Provider needs to be populated on the claim, then this loop is populated with the appropriate Referring Provider information. NM108 should equal 'XX' and NM109 should equal the Referring Provider's National Provider Id.
32.	2310E	Service Facility Name	To identify where the service was rendered, NM101 should equal 'FA' and NM103 should indicate the location where the services were performed.
33.	2310E	Service Facility City/State/Zip Code	The entire 9 digit postal zip code should be submitted, excluding punctuation marks such as the dash.
34.	2320	Other Subscriber Information	Group Number for other insurance will be reported in SBR03.
35.	2330A	Other Subscriber Name	Policy Number for other insurance will be reported, the Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Policy Number will be entered into the Identification Code element (NM109).
36.	2330A	Other Subscriber Name	If the Other Subscriber SSN is known, it will be reported in REF02.
37.	2400	Line Counter	Make sure the Service Line LX segment begins with 1 (not 0) and is incremented by 1 for each additional service line of a claim (LX01). The LX functions as a line counter.
38.	2400	Institutional Service Line	Acceptable values for the units of service field are whole numbers that are greater than zero.
39.	2410	Drug Identification	N2 = N4, N3 = NDC (required)
40.	2410	Pricing Information	CTP03 - Drug Unit Price CTP04 - Quantity (National Drug Unit Count) CTP05 - Unit of Measure
41.	2410	Reference Identification	REF01 = XZ REF02 = Prescription Number (optional)

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42.	2000C	Patient Hierarchical Level	Dependent Level information will not be used for processing Institutional Health Care Claims with Alabama Medicaid.